

Judge:

Case No. (s):

Arraignment Date:

Bond:

Defendant:

Address:

SS #

SL #

Phone #

Employer:

Phone # of Employer:

Supervisor:

Verified:

Charges:

Affiant:

Date Subpoenaed:

Other Witnesses:

Bonding Companies:

App. Date:

Hearing Date:

Continued to _____ for _____

Continued to _____ for _____

Continued to _____ for _____

Attorney:

Notes:

EXHIBIT

KK

STATE OF MISSISSIPPI - UNIFORM TRAFFIC TICKET															
JUDICIAL DISTRICT: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		AGENCY CODE: <u>0045</u>		NO: <u>110428</u>		KET									
MADISON COUNTY		JUDICIAL DISTRICT: <u>BT</u> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		AGENCY CODE: <u>0045</u>		NO: <u>110429</u>									
IN THE COURT DESIGNATED BELOW, THE AFFIANT HEREBIN, BEING DULY SWORN, UPON OATH DOES DEPOSE AND SAY: AT THE FOLLOWING LOCATION, TIME AND DATE:															
LOCATION OF VIOLATION		AV/Near		Hwy		LOCATION OF VIOLATION		AV/Near		Hwy					
Day	Date	Time	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Accident	District	Precinct	Day	Date	Time	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Accident	District	Precinct		
<u>Sun 7-1-13</u>		<u>10:23</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>yes</u> <input type="checkbox"/> <u>no</u>	<u>1</u>	<u>Sun 7-1-13</u>	<u>10:23</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Defendant: (First Name, Middle Name, Last Name)						Defendant: (First Name, Middle Name, Last Name)									
LICENSE ADDRESS		<u>382 Nicks Dr Apt 6B</u>				<u>Yankie Ave</u>		<u>382 Nicks Dr Apt 5B</u>							
CITY		<u>Canton</u>		STATE		<u>MS</u>		CITY		<u>Canton</u>		STATE		<u>MS</u>	
DRIVER'S LICENSE NUMBER		<u>50148C35</u>		CLASS		<u>F0</u>		DRIVER'S LICENSE NUMBER		<u>302418635</u>		CLASS		<u>F0</u>	
VEHICLE LICENSE NUMBER		<u>WMSB 762</u>		STATE		<u>MS</u>		VEHICLE LICENSE NUMBER		<u>WMSB 62</u>		STATE		<u>MS</u>	
DEFENDANT'S CURRENT ADDRESS:				YEAR				YEAR		YEAR		MAKE		MODEL	
DEFENDANT'S CURRENT TELEPHONE NUMBER:				MAKE		<u>Ford</u>		YEAR		<u>14</u>		<u>Wind</u>		<u>Wind</u>	
THAT THE ABOVE NAMED DEFENDANT, WHILE OPERATING THE AFOREMENTIONED MOTOR VEHICLE, DID WILLFULLY AND UNLAWFULLY COMMIT THE OFFENSE OF:				TYPE				EXPLANATION:							
(CHECK ONLY ONE OFFENSE EACH TICKET)				SPEED		ZONE									
DEFENDANT'S SIGNATURE:															
YOU ARE HEREBY NOTIFIED TO APPEAR BEFORE THE COURT (Justices/Municipal) TO ANSWER THE CHARGE ON THE <u>31</u> DAY OF <u>JULY</u> , 20 <u>13</u> AT <u>3</u> AM/PM AT <u>2961 SOUTH LIBERTY ST. CANTON, MS 39046</u> . AGAINST THE PEACE AND DIGNITY OF THE STATE OF MISSISSIPPI.															
AFFIANT / OFFICER'S SIGNATURE: <u>SAUNDRA L. CANTRELL</u> UNIT/BADGE # <u>22</u> COURT'S MAILING ADDRESS: <u>2961 SOUTH LIBERTY ST. CANTON, MS 39046</u> COURT'S PHONE NUMBER: <u>601-859-6337</u> WEBSITE: <u>www.madisoncotix.com</u>															
NOTE: CONTACT THE COURT TO CONFIRM THE COURT DATE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION															

STATE OF MISSISSIPPI - UNIFORM TRAFFIC TICKET															
JUDICIAL DISTRICT: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		AGENCY CODE: <u>0045</u>		NO: <u>110428</u>		KET									
MADISON COUNTY		JUDICIAL DISTRICT: <u>BT</u> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		AGENCY CODE: <u>0045</u>		NO: <u>110429</u>									
IN THE COURT DESIGNATED BELOW, THE AFFIANT HEREBIN, BEING DULY SWORN, UPON OATH DOES DEPOSE AND SAY: AT THE FOLLOWING LOCATION, TIME AND DATE:															
LOCATION OF VIOLATION		AV/Near		Hwy		LOCATION OF VIOLATION		AV/Near		Hwy					
Day	Date	Time	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Accident	District	Precinct	Day	Date	Time	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Accident	District	Precinct		
<u>Sun 7-1-13</u>		<u>10:23</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>yes</u> <input type="checkbox"/> <u>no</u>	<u>1</u>	<u>Sun 7-1-13</u>	<u>10:23</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Defendant: (First Name, Middle Name, Last Name)						Defendant: (First Name, Middle Name, Last Name)									
LICENSE ADDRESS		<u>382 Nicks Dr Apt 6B</u>				<u>Yankie Ave</u>		<u>382 Nicks Dr Apt 5B</u>							
CITY		<u>Canton</u>		STATE		<u>MS</u>		CITY		<u>Canton</u>		STATE		<u>MS</u>	
DRIVER'S LICENSE NUMBER		<u>50148C35</u>		CLASS		<u>F0</u>		DRIVER'S LICENSE NUMBER		<u>302418635</u>		CLASS		<u>F0</u>	
VEHICLE LICENSE NUMBER		<u>WMSB 762</u>		STATE		<u>MS</u>		VEHICLE LICENSE NUMBER		<u>WMSB 62</u>		STATE		<u>MS</u>	
DEFENDANT'S CURRENT ADDRESS:				YEAR				YEAR		YEAR		MAKE		MODEL	
DEFENDANT'S CURRENT TELEPHONE NUMBER:				MAKE		<u>Ford</u>		YEAR		<u>14</u>		<u>Wind</u>		<u>Wind</u>	
THAT THE ABOVE NAMED DEFENDANT, WHILE OPERATING THE AFOREMENTIONED MOTOR VEHICLE, DID WILLFULLY AND UNLAWFULLY COMMIT THE OFFENSE OF:				TYPE											
(CHECK ONLY ONE OFFENSE EACH TICKET)				SPEED		ZONE									
DEFENDANT'S SIGNATURE:															
YOU ARE HEREBY NOTIFIED TO APPEAR BEFORE THE COURT (Justices/Municipal) TO ANSWER THE CHARGE ON THE <u>31</u> DAY OF <u>JULY</u> , 20 <u>13</u> AT <u>3</u> AM/PM AT <u>2961 SOUTH LIBERTY ST. CANTON, MS 39046</u> . AGAINST THE PEACE AND DIGNITY OF THE STATE OF MISSISSIPPI.															
AFFIANT / OFFICER'S SIGNATURE: <u>SAUNDRA L. CANTRELL</u> UNIT/BADGE # <u>22</u> COURT'S MAILING ADDRESS: <u>2961 SOUTH LIBERTY ST. CANTON, MS 39046</u> COURT'S PHONE NUMBER: <u>601-859-6337</u> WEBSITE: <u>www.madisoncotix.com</u>															
NOTE: CONTACT THE COURT TO CONFIRM THE COURT DATE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION															